

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3454

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 268	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Bond			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson Barracks, MO		c. LENGTH OF STAY (In this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sorento			
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Admin. Hospital				d. STREET ADDRESS (If rural, give location) -----			
3. NAME OF DECEASED (Type or Print) a. (First) Isaac		b. (Middle) G		c. (Last) REDFEARN		4. DATE OF DEATH (Month) (Day) (Year) January 23 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 12/31/89		9. AGE (In years last birthday) 60	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Reno, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Redfearn		13b. MOTHER'S MAIDEN NAME Lucinda Reynolds		14. NAME OF HUSBAND OR WIFE Redfearn, Nellie			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. Unk		17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC HEART FAILURE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) RECENT INFARCT DUE TO (c) ----- II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. MITRAL STENOSIS				INTERVAL BETWEEN ONSET AND DEATH 420.1	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: 420.1				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1/20/1950 , to 1/23/1950 , and that death occurred at 8:55 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE L. E. Stillwell, MD, Chf. of Prof. Svcs.				23b. ADDRESS Vet. Adm. Hosp. Jeff. Brks. Mo.		23c. DATE SIGNED 1/24/50	
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE 1-24-50		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Sorento, Ill.	
DATE REC'D BY LOCAL REG. JAN 24 1950		REGISTRAR'S SIGNATURE Herbert P. Donke		FUNERAL DIRECTOR'S SIGNATURE A. H. HOPPE, INC.		ADDRESS St. Louis, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC. 21 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

Robert M Murray

Signed.....
Student Embalmer

Licensed Embalmer No. *3749*

P. O. Address *St Louis, Mo*

-Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.